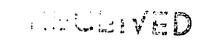
FILED MAR	8 <b>1950</b>	THE DIVISION OF HE STANDARD CERTIF			, 4136
BIRTH NO.		REG. DIST. NO. <u>53</u>	PRIMARY REG. DIST.	NO. 3010 Registrar's	No. 62
a. COUNTY	TH PIAN	redeau 1	a. STATE	ENCE (Where deceased lived. b. COUNTY	institution: residence
b. CITY (If outside so OR TOWN	rporate limits, write Ri	URAL and give c. LENGTH OF STAY (in this place)	c. CITY (If outside sor OR TOWN	porate limits. write RURAL and give	township)
d. FULL NAME OF ( HÖSPITAL OR INSTITUTION	If hot in hospital or in	attitution, give street address or location)	d. STREET ADDRESS 3/0	el rural, give location)  N. ENC B	7/1/2
3. NAME OF DECEASED (Type or Print)	a. (First)	/b. (Middle)	SMITH	4. DATE (Moz OF DEATH MODE	th) (Day) (Yo
5. SEX 6.	COLOR OR RACE	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Bpdaty)	MARCH 10, 18		UNDER I YEAR IF UNDER HOUSE
10a, USUAL OCCUPATION dots druming most of works		10b. KIND OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (Black	or foreign country)  (E MISSOURIE)	12. CITIZEN OF COUNTRY?
13a. FATHER'S NAME	Smith	136. MOTHER'S MAIDEN	NAME //iAMS	14. NAME OF HUSBAND OR	Mith
15. WAS DECEASED EVE (Yes, no. or unknown) (If	R IN U.S. ARMED F		17. INFORMANT'	S SIGNATURE OR NAME	Livarben
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO		bral her	nonhaas	INTERVAL BET ONSET AND D
*This does not mean the mode of dying, such	ANTECEDENT CA		terioscle	mis.	
as heart fallure, asthenia, etc. It means the dis- ease, injury, or complica-	rise to the above ca the underlying cau	, if any, giving DUE TO (b) use (a) stating se last. DUE TO (c)		<u>.</u> .	1 1
tion which caused death.	Conditions contribu	ICANT CONDITIONS uting to the death but not te or condition couring death.			331
19aDATE OF OPERA- TION	196, MAJOR FIND	INGS OF OPERATION			20. AUTOPSY
21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	1b. PLACE OF INJURY (e.g., in or about some, farm, fastory, street, office bldg., etc.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COUNT	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (I	210. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR?	
22: I hereby certify t	hát Lattended th	. / /	, 1949_, to 221 a 4:50 9m., from ti	he causes and on the date s	last saw the dec
231. SIGNATURE	WAY m	rly 0 0. L	Cafe Su	ardean Mo	23c. DATE SU
24a. BURIAL, CREMA TION, REMOVAL, (Breedly		24c. NAME OF CEMETER	Y OR COLUMNIA	240, LOCATION (Oity, town, or	county) (St
DATE REC'D BY LOCAL 3-/-/950	REGISTRAR'S SI	GNATURE' 44	25. FUNERAL DIRECT	TOR'S SIGNATURE	ADDRESS Land
		(Licensed Embelmer's S	tatement on Reverse Sid	6	<del></del>



ELITRICT HEALTH OFFICE No. 4 File No. 350 - 300

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reve	rse side of this ce	rtificate was	embalmed by me	e, or by
	,	Student Ea	sbalmer No	·
working under my personal supervision.	-J		-8	Q

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.